

10-47
17-39
3906

FILED JAN 25 1948

Registration District No. 193

Primary Registration District No. 3022

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

3. (a) PRINT FULL NAME CLARIE J. WATERBURY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. J. Waterbury 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb 3 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Cedar Rapids Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles H. Ephes

13. Birthplace Linn Co Iowa (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Waterbury

(b) Address Bethany Mo

17. (a) Rural (b) Date thereof Dec 30 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director W. O. Haines

(b) Address Fishman City Mo

19. (a) 1-13-49 (b) Zola Burris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Bethany Mo Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 9 minutes 30 am.

21. I hereby certify that I attended the deceased from 4-28 1948 to 12-28 1948 that I last saw her alive on 12-28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3047

Due to Hypertension Arteriosclerosis 492

Due to _____ Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations 231 PHYSICIAN _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. J. Burris (M. D. or other) _____ Address Bethany Date signed 1-13-49

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 25 1945

JAN 25 1945

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W D Haines....., Registered Apprentice No.....
working under my personal supervision.

Signed W D Haines.....

Licensed Embalmer No. 947.....

P. O. Address Hilman, City MO.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.